



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH HAMMOND

City of Hospital: Hammond

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Renee Krick

Email Address: renee.krick@franciscanalliance.org

Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$249237388
Outpatient Patient Service Revenue	\$494420772
Total Gross Patient Service Revenue	\$743658160

2. Deductions From Revenue

Contractual Allowance	\$444853919
Other Deductions	\$38092465
Total Deductions	\$482946384

3. Total Operating Revenue

Net Patient Service Revenue	\$260711776
Other Operating Revenue	\$23758322
Total Operating Revenue	\$284470098

4. Operating Expenses

Salaries and Wages	\$87848198	Employee Benefits	\$21241716
Depreciation and Amortization	\$9497452	Interest Expense	\$3765885
Bad Debt	\$615602	Other Expenses	\$82481711
Total Operating Expenses	\$205450564		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$79019534	Total Assets	\$135203489
Net Non-operating Gains over Loss	\$1561351	Total Liabilities	\$-5734489

Total Net Gains	\$80580885
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$385267843	\$298319804	\$86948039
Medicaid	\$151633140	\$68842533	\$82790607
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$206757177	\$77691582	\$129065595
Total	\$743658160	\$444853919	\$298804241

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$345621	\$389583	\$-43962

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$309593	\$-309593
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$14201	\$-14201

Number of Medical Professionals Trained	421
Number of Hospital Patients Educated	154158
Number of Citizens Exposed to Health Education Messages	6228

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$36400022
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$8876258	
HCI Payments	\$0		
Subtotal	\$0	\$8876258	\$-8876258
Medicaid Shortfalls	\$28695794	\$34013329	
Subtotal	\$28695794	\$42889587	\$-14193793
DSH Payments	\$21,866,393		
Subtotal	\$50562187	\$42889587	\$7672600
Medicare Shortfalls	\$63686137	\$89769144	
Other Government Programs	\$0	\$0	
Total	\$114248324	\$132658731	\$-18410407

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$100	\$336716	\$-336616
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-54964	\$54964
Other Allocations	\$0	\$0	\$0

Comments

//